

PROJECT CERTIFICATION FINAL SITE INSPECTION REQUEST

Date: _____

(OCRM PROJECT MANAGER)
Beaufort Regional OCRM Office
104 Parker Drive
Beaufort, SC 29906

RE: **PROJECT:** _____

Dear _____:

I, as a registered professional, certify construction of the stormwater management system at the above referenced project has been completed in accordance with the approved plans and specifications. This certification is based upon periodic observations of construction and a final inspection for design compliance by me or a representative of my office who is under my supervision. Any changes from the approved plans are shown on the attached as-built drawing (if applicable).

(☐) OCRM staff may conduct a final site inspection at their nearest convenience.

Or

(☐) I will call OCRM staff to schedule a final site inspection.

Sincerely,

REGISTERED PROFESSIONAL: _____

SC REGISTRATION NUMBER: _____

COMPANY NAME: _____